



LARGE PRINT EDITION

Medicare's Coverage of Diabetes Supplies & Services

2012

This official government guide has important information about:

- What's covered
- What's not covered
- Helpful tips to keep you healthy
- Where to get more information



CENTERS FOR MEDICARE & MEDICAID SERVICES

The information in this booklet was correct when it was printed. Changes may occur after printing. Visit www.medicare.gov, or call 1 800 633 - 4227 to get the most current information. TTY users should call 1 877 486 - 2048.

- **End of page**

3 — Table of Contents

Introduction ____ Pages 5 – 6

**Section 1: Medicare Coverage for Diabetes At-a-Glance
____ Pages 7 – 20**

**Section 2: Medicare Part B-covered Diabetes Supplies
____ Pages 21 – 32**

Blood sugar self-testing equipment and supplies
____ Pages 21 – 28

Insulin pumps ____ Page 29

Therapeutic shoes or inserts ____ Page 30 – 31

**Section 3: Medicare Part D Diabetes Coverage
____ Pages 33 – 35**

Insulin ____ Page 34

Anti-diabetic drugs ____ Page 34

Diabetes supplies ____ Page 35

For more information ____ Page 35

**Section 4: Medicare-covered Diabetes Services
____ Pages 37 – 46**

Diabetes screenings ____ Page 38

Diabetes self-management training ____ Pages 39 – 42

Medical nutrition therapy services ____ Page 43

(Continued on next page)

4 — Table of Contents

Section 4: Medicare-covered Diabetes Services ____ Pages 37 - 46 (continued)

Foot exams and treatment ____ Page 44

Hemoglobin A1c tests ____ Page 44

Glaucoma tests ____ Page 44

Flu and pneumococcal shots (vaccinations) ____ Page 45

“Welcome to Medicare” Preventive Visit ____ Page 45

Yearly “Wellness” Visit ____ Pages 45 – 46

Supplies and services that aren’t covered by Medicare
____ Page 46

Section 5: Helpful Tips and Resources ____ Pages 47 – 53

Information for people with limited income and resources ____
Pages 47 – 48

Tips to help control diabetes ____ Pages 49 – 51

Phone numbers and websites ____ Pages 52 – 53

5 — Introduction

Introduction

This booklet explains Medicare coverage of diabetes supplies and services in Original Medicare and with Medicare prescription drug coverage (Part D).

Original Medicare is fee-for-service coverage under which the government pays your health care providers directly for your Medicare Part A (Hospital Insurance) and/or Part B (Medical Insurance) benefits.

If you have other insurance that supplements Original Medicare, like a Medicare Supplement Insurance (Medigap) policy, it may pay some of the costs for the services described in this booklet. Contact your plan's benefits administrator for more information.

If you have a Medicare Advantage Plan (like an HMO or PPO) or other Medicare health plan, your plan must give you at least the same coverage as Original Medicare, but it may have different rules. Your costs, rights, protections, and choices for where you get your care might be different if you're in one of these plans. You might also get extra benefits. Read your plan materials, or call your benefits administrator, for more information about your benefits.

6 — Introduction

Before you read the following sections, you should become familiar with these terms:

Coinsurance: This is an amount you may be required to pay as your share of the cost for services after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).

Deductible: This is the amount you must pay for health care or prescriptions, before Original Medicare, your prescription drug plan, or your other insurance begins to pay.

Medicare-approved amount: In Original Medicare, this is the amount a doctor or supplier that accepts assignment can be paid. It may be less than the actual amount a doctor or supplier charges. Medicare pays part of this amount and you're responsible for the difference.

● End of page



Section 1: Medicare Coverage for Diabetes At-a-Glance

Pages 7 – 20 provide a quick overview of some of the services and diabetes supplies covered by Medicare (Part B and Part D). Generally, Medicare Part B (Medical Insurance) covers the services that may affect people who have diabetes. In addition, Medicare Part B covers some preventive services for people who are at risk for diabetes. Medicare Part D (Medicare prescription drug coverage) also covers diabetes supplies used for injecting or inhaling insulin. You must have Part B to get services and supplies covered under Part B. You must be enrolled in a Medicare drug plan to get supplies covered under Part D.

Supply/service

Anti-diabetic drugs See page 34.

What's covered

Medicare Part D covers anti-diabetic drugs for maintaining blood sugar (glucose).

You pay

Coinsurance or copayment

Part D deductible may also apply

8 — Section 1: Medicare Coverage for Diabetes At-a-Glance

Medicare Coverage for Diabetes At-a-Glance (continued)

Supply/service

Diabetes screenings See page 38.

What's covered

Medicare Part B covers these screenings if your doctor determines you're at risk for diabetes. You may be eligible for up to 2 diabetes screenings each year.

You pay

No coinsurance, copayment, or Part B deductible

Generally, 20% of the Medicare-approved amount for the doctor's visit

- **End of page**

9 — Section 1: Medicare Coverage for Diabetes At-a-Glance

Medicare Coverage for Diabetes At-a-Glance (continued)

Supply/service

Diabetes self- management training

See pages 39 – 42.

What's covered

Part B covers outpatient training for people at risk for complications from diabetes or recently diagnosed with diabetes to teach them to manage their diabetes. Your doctor or other health care provider must provide a written order to a certified diabetes self-management education program.

You pay

20% of the Medicare-approved amount after the yearly Part B deductible

10 — Section 1: Medicare Coverage for Diabetes At-a-Glance

Medicare Coverage for Diabetes At-a-Glance (continued)

Supply/service

Diabetes equipment & supplies (Blood sugar self-testing equipment & supplies on pages 21 – 28).

What's covered

Part B covers home blood sugar (glucose) monitors under durable medical equipment and supplies used with the equipment, including blood sugar (glucose) test strips, lancet devices, and lancets. There may be limits on how much or how often you get these supplies.

You pay

20% of the Medicare-approved amount after the yearly Part B deductible

- End of page

11 — Section 1: Medicare Coverage for Diabetes At-a-Glance

Medicare Coverage for Diabetes At-a-Glance (continued)

Supply/service

Diabetes supplies See page 35.

What's covered

Part D covers certain medical supplies for administration of insulin (like syringes, needles, alcohol swabs, gauze, and inhaled insulin devices).

You pay

Coinsurance or copayment

Part D deductible may also apply

- End of page

12 — Section 1: Medicare Coverage for Diabetes At-a-Glance

Medicare Coverage for Diabetes At-a-Glance (continued)

Supply/service

Flu & pneumococcal shots See page 45.

What's covered

Flu shot

To help prevent influenza or flu virus. This is normally covered only once a flu season in the fall or winter. You need a flu shot for the current virus each year. Medicare Part B covers this shot.

Pneumococcal shot

To help prevent pneumococcal infections (like certain types of pneumonia). Most people only need this preventive shot once in their lifetime. Part B covers this shot.

You pay

No coinsurance, copayment, or Part B deductible if your doctor or health care provider accepts assignment

13 — Section 1: Medicare Coverage for Diabetes At-a-Glance

Medicare Coverage for Diabetes At-a-Glance (continued)

Supply/service

Foot exams & treatment See page 44.

What's covered

Part B covers a foot exam every 6 months for people with diabetic peripheral neuropathy and loss of protective sensation, as long as they haven't seen a foot care professional for another reason between visits.

You pay

20% of the Medicare-approved amount after the yearly Part B deductible

- End of page

14 — Section 1: Medicare Coverage for Diabetes At-a-Glance

Medicare Coverage for Diabetes At-a-Glance (continued)

Supply/service

Glaucoma tests See page 44.

What's covered

Part B covers tests to help find the eye disease glaucoma. This is covered once every 12 months for people at high risk for glaucoma. You're considered high risk for glaucoma if you have diabetes, or a family history of glaucoma, or are African-American and 50 or older, or are Hispanic and 65 or older. Tests must be done by an eye doctor legally authorized by the state.

You pay

20% of the Medicare-approved amount after the yearly Part B deductible

- End of page

15 — Section 1: Medicare Coverage for Diabetes At-a-Glance

Medicare Coverage for Diabetes At-a-Glance (continued)

Supply/service

Insulin See page 34.

What's covered

Medicare Part D covers insulin that isn't administered with an insulin pump.

You pay

Coinsurance or copayment
Part D deductible may also apply

- End of page

16 — Section 1: Medicare Coverage for Diabetes At-a-Glance

Medicare Coverage for Diabetes At-a-Glance (continued)

Supply/service

Insulin pumps See page 29.

What's covered

Medicare Part B covers external insulin pumps and the insulin that the device uses under durable medical equipment for people who meet certain conditions.

You pay

20% of the Medicare-approved amount after the yearly Part B deductible

- End of page

17 — Section 1: Medicare Coverage for Diabetes At-a-Glance

Medicare Coverage for Diabetes At-a-Glance (continued)

Supply/service

Medical nutrition therapy services See page 43.

What's covered

Part B may cover medical nutrition therapy and certain related services if you have diabetes or kidney disease, and your doctor refers you for the service.

You pay

No copayment, coinsurance, or Part B deductible if your doctor or health care provider accepts assignment

- End of page

18 — Section 1: Medicare Coverage for Diabetes At-a-Glance

Medicare Coverage for Diabetes At-a-Glance (continued)

Supply/service

Therapeutic shoes or inserts See pages 30 – 31.

What's covered

Part B covers therapeutic shoes or inserts for people with diabetes who have severe diabetic foot disease. The doctor who treats your diabetes must certify your need for therapeutic shoes or inserts. The shoes and inserts must be prescribed by a podiatrist or other qualified doctor and provided by a podiatrist, orthotist, prosthetist, or pedorthist.

You pay

20% of the Medicare-approved amount after the yearly Part B deductible

19 — Section 1: Medicare Coverage for Diabetes At-a-Glance

Medicare Coverage for Diabetes At-a-Glance (continued)

Supply/service

“Welcome to Medicare” preventive visit See page 45.

What’s covered

Part B covers a one-time review of your health, and education and counseling about preventive services, including certain screenings, shots, and referrals for other care if needed.

Note: You must have the visit within the first 12 months you have Part B.

You pay

No copayment, coinsurance, or Part B deductible if your doctor or health care provider accepts assignment

20 — Section 1: Medicare Coverage for Diabetes At-a-Glance

Medicare Coverage for Diabetes At-a-Glance (continued)

Supply/service

Yearly “Wellness” visit See pages 45 – 46.

What’s covered

If you’ve already had Part B for longer than 12 months, you can get a yearly “Wellness” visit to develop or update a personalized prevention plan based on your current health and risk factors.

You pay

No copayment or coinsurance or Part B deductible if your doctor or health care provider accepts assignment

You’ll have to wait 12 months after having a “Welcome to Medicare” preventive visit before you can get your yearly “Wellness” visit.



Section 2: Medicare Part B-covered Diabetes Supplies

This section provides information about Medicare Part B (Medical Insurance) and its coverage of diabetes supplies. Medicare covers certain supplies if you have diabetes and you have Part B. These covered supplies include:

- Blood sugar self-testing equipment & supplies. See pages 21 – 28.
- Insulin pumps. See page 29.
- Therapeutic shoes or inserts. See pages 30 – 31.

Blood sugar self-testing equipment & supplies

Blood sugar (also called blood glucose) self-testing equipment and supplies are covered as durable medical equipment for all people with Medicare Part B who have diabetes, even if you don't use insulin.

Self-testing supplies include:

- Blood sugar monitors
- Blood sugar test strips
- Lancet devices and lancets
- Glucose control solutions for checking the accuracy of testing equipment and test strips

22 — Section 2: Medicare Part B-covered Diabetes Supplies

Blood sugar self-testing equipment & supplies (continued)

Part B covers the same type of blood sugar testing supplies for people with diabetes whether or not they use insulin. However, the amount of supplies that are covered varies. If you use insulin, you may be able to get up to 100 test strips and lancets every month, and one lancet device every 6 months.

If you don't use insulin, you may be able to get 100 test strips and lancets every 3 months, and one lancet device every 6 months.

If your doctor says it's medically necessary, **Medicare will allow you to get additional test strips and lancets.** "Medically necessary" means that services or supplies are needed for the diagnosis or treatment of your medical condition and meet accepted standards of medical practice. You may need to keep a record that shows how often you're actually testing yourself.

If you have questions about diabetes supplies, call 1 800 633 - 4227. TTY users should call 1 877 486 - 2048.

23 — Section 2: Medicare Part B-covered Diabetes Supplies

Blood sugar self-testing equipment & supplies (continued)

NEW: If you live in a Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) competitive bidding area and get your diabetes supplies by mail, the amount you pay may change starting in January 2013. From January through June 2013, you can get your supplies from any supplier.

A national mail order program to save you money on diabetic testing supplies is scheduled to start in July 2013. When the program starts, you'll need to use a Medicare contract supplier for Medicare to pay for diabetic testing supplies if you choose to have the supplies delivered to your home. You'll also save money if you choose to have your products delivered to your home. Medicare will provide more information about this program before it starts.

- End of page

24 — Section 2: Medicare Part B-covered Diabetes Supplies

Blood sugar self-testing equipment & supplies (continued)

What do I need from my doctor to get these covered supplies?

Medicare will only cover your blood sugar self-testing equipment and supplies if you get a prescription from your doctor. The prescription should include this:

- Whether you have diabetes.
 - What kind of blood sugar monitor you need and why you need it. (If you need a special monitor because of vision problems, your doctor must explain that.)
 - Whether you use insulin.
 - How often you should test your blood sugar.
 - How many test strips and lancets you need for one month.
-
- **End of page**

25 — Section 2: Medicare Part B-covered Diabetes Supplies

Blood sugar self-testing equipment & supplies (continued)

Where can I get these supplies?

- You can order and pick up your supplies at your pharmacy.
- You can order your supplies from a medical equipment supplier. Generally, a “supplier” is any company, person, or agency that gives you a medical item or service, except when you’re an inpatient in a hospital or skilled nursing facility. If you get your supplies this way, you must place the order yourself. You’ll need a prescription from your doctor to place your order, but your doctor can’t order the supplies for you.

Keep the following in mind:

- You must ask for refills for your supplies.
- You need a new prescription from your doctor for your lancets and test strips every 12 months.

26 — Section 2: Medicare Part B-covered Diabetes Supplies

Blood sugar self-testing equipment & supplies (continued)

Note: Medicare won't pay for any supplies you didn't ask for, or for any supplies that were sent to you automatically from suppliers, including blood sugar monitors, test strips, and lancets. If you're getting supplies sent to you automatically, are getting advertisements that are misleading, or suspect fraud relating to your diabetes supplies, call 1 800 633 - 4227. TTY users should call 1 877 486 - 2048.

You must get supplies from a pharmacy or supplier that's enrolled in Medicare. If you go to a pharmacy or supplier that isn't enrolled in Medicare, Medicare won't pay. **You'll have to pay the entire bill for any supplies from non-enrolled pharmacies or non-enrolled suppliers.**

- End of page

27 — Section 2: Medicare Part B-covered Diabetes Supplies

Blood sugar self-testing equipment & supplies (continued)

How are claims paid?

All Medicare-enrolled pharmacies and suppliers must submit claims for blood sugar (glucose) monitor test strips. You can't submit a claim for blood sugar (glucose) monitor test strips yourself.

You should also make sure that the pharmacy or supplier accepts assignment for Medicare-covered supplies. Assignment is an agreement between you (the person with Medicare), Medicare, and doctors, other health care suppliers, or providers. **This could save you money.** If the pharmacy or supplier accepts assignment, Medicare will pay the pharmacy or supplier directly.

You only pay your coinsurance amount when you get your supply from a pharmacy or supplier for assigned claims. If your pharmacy or supplier **doesn't** accept assignment, charges may be higher, and you may pay more. You may also have to pay the entire charge at the time of service, and wait for Medicare to send you its share of the cost.

28 — Section 2: Medicare Part B-covered Diabetes Supplies

Blood sugar self-testing equipment & supplies (continued)

What supplier or pharmacy should I use?

Before you get a supply it's important to ask the supplier or pharmacy these questions:

- Are you enrolled in Medicare?
- Do you accept assignment?

If the answer to either of these 2 questions is “no,” you should call another supplier or pharmacy in your area who answers “yes” to be sure your purchase is covered by Medicare, and to save you money. Ask them the same questions.

If you can't find a supplier or pharmacy in your area that's enrolled in Medicare and accepts assignment, you may want to order your supplies through the mail. This may save you money.

- **End of page**

29 — Section 2: Medicare Part B-covered Diabetes Supplies

Insulin pumps

Insulin pumps worn outside the body (external), including the insulin used with the pump, may be covered for some people with Medicare Part B who have diabetes and who meet certain conditions. Insulin pumps are considered to be durable medical equipment. “Durable medical equipment” is certain medical equipment ordered by your doctor for use in the home.

How do I get an insulin pump?

If you need to use an insulin pump, your doctor will prescribe it for you.

Note: In Original Medicare, you pay 20% of the Medicare-approved amount after the yearly Part B deductible. Medicare will pay 80% of the cost of the insulin pump. Medicare will also pay for the insulin that’s used with the insulin pump. For more information about durable medical equipment and diabetes supplies, call 1 800 633 - 4227. TTY users should call 1 877 486 - 2048.

30 — Section 2: Medicare Part B-covered Diabetes Supplies

Therapeutic shoes or inserts

If you have Part B, have diabetes, and meet certain conditions (see below), Medicare will cover therapeutic shoes if you need them.

The types of shoes that are covered each year include **one** of these:

- One pair of depth-inlay shoes and 3 pairs of inserts
- One pair of custom-molded shoes (including inserts) if you can't wear depth-inlay shoes because of a foot deformity, and 2 additional pairs of inserts

Note: In certain cases, Medicare may also cover separate inserts or shoe modifications instead of inserts.

How do I get therapeutic shoes?

For Medicare to pay for your therapeutic shoes, the doctor treating your diabetes must certify that you meet these three conditions:

1. You have diabetes.
2. You have at least one of these conditions in one or both feet:

31 — Section 2: Medicare Part B-covered Diabetes Supplies

Therapeutic shoes or inserts (continued)

- Partial or complete foot amputation
- Past foot ulcers
- Calluses that could lead to foot ulcers
- Nerve damage because of diabetes with signs of problems with calluses
- Poor circulation
- Deformed foot

3. You're being treated under a comprehensive diabetes care plan and need therapeutic shoes and/or inserts because of diabetes.

Medicare also requires:

- A podiatrist or other qualified doctor prescribes the shoes
- A doctor or other qualified individual like a pedorthist, orthotist, or prosthetist fits and provides the shoes

32 — Section 2: Medicare Part B-covered Diabetes Supplies

NOTES

[illegible]



Section 3: Medicare Part D Diabetes Coverage

This section provides information about Medicare Part D (Medicare prescription drug coverage) for people with Medicare who have or are at risk for diabetes. To get Medicare prescription drug coverage, you must join a Medicare drug plan. For information about Medicare prescription drug coverage, visit www.medicare.gov/publications or call 1 800 633 - 4227. TTY users should call 1 877 486 - 2048.

These diabetes drugs and supplies are covered under Medicare drug plans:

- Insulin. See page 34.
- Anti-diabetic drugs. See page 34.
- Certain diabetes supplies. See page 35.

- **End of page**

34 — Section 3: Medicare Part D Diabetes Coverage

Insulin

Medicare drug plans cover injectable insulin not used with an insulin infusion pump and inhaled insulin.

Anti-diabetic drugs

Blood sugar (glucose) that isn't controlled by insulin is maintained by anti-diabetic drugs. Medicare drug plans can cover anti-diabetic drugs like:

- Sulfonylureas (like Glipizide, and Glyburide)
- Biguanides (like metformin)
- Thiazolidinediones, like Actos® (Pioglitazone), Avandia® (Rosiglitazone), and Rezulin® (Troglitazone)
- Meglitinides, which are a class of anti-diabetic drug including Starlix® (Nateglinide) and Prandin® (Repaglinide)
- Alpha glucosidase inhibitors (like Precose®)

35 — Section 3: Medicare Part D Diabetes Coverage

Diabetes supplies

Supplies used when you inject or inhale insulin may be covered for people with Medicare Part D who have diabetes. These medical supplies include the following:

- Syringes
- Needles
- Alcohol swabs
- Gauze
- Inhaled insulin devices

For more information

To get more information about Medicare prescription drug coverage, you can do any of the following:

- Visit www.medicare.gov/publications.
- Call 1 800 633 - 4227. TTY users should call 1 877 486 - 2048.
- Call your State Health Insurance Assistance Program (SHIP). To get their phone number, visit www.medicare.gov/contacts, or call 1 800 633 - 4227.

36 — Section 3: Medicare Part D Diabetes Coverage

NOTES

[illegible]



Section 4: Medicare-covered Diabetes Services

All of the diabetes services listed in this section are covered by Medicare Part B (Medical Insurance) unless otherwise noted.

For people with diabetes, Medicare covers certain services. In general, your doctor must write an order or referral for you to get these services. Once your doctor writes this order, you should get the services as soon as possible. You need to make sure you have your doctor's written order before you get the services. These services include:

- Diabetes screenings. See page 38.
- Diabetes self-management training. See pages 39 – 42.
- Medical nutrition therapy services. See page 43.
- Hemoglobin A1c tests. See page 44.

You can get some Medicare-covered services without a written order or referral. These services include the following:

- Foot exams & treatment. See page 44.
- Glaucoma tests. See page 44.
- Flu & pneumococcal shots. See page 45.
- Preventive visits ("Welcome to Medicare" preventive visit and Yearly "Wellness" visit). See pages 45 – 46.

38 — Section 4: Medicare-covered Diabetes Services

Diabetes screenings

Medicare pays for diabetes screening tests if you're at risk for diabetes. These tests are used to detect diabetes early. Some of the conditions that may qualify you as being at risk for diabetes include:

- High blood pressure
- Dyslipidemia (history of abnormal cholesterol and triglyceride levels)
- Obesity (with certain conditions)
- Impaired glucose (blood sugar) tolerance
- High fasting glucose (blood sugar)

Medicare will pay for 2 diabetes screening tests in a 12-month period. After the initial diabetes screening test, your doctor will determine when to do the second test. Diabetes screening tests that are covered include:

- Fasting blood sugar tests
- Other tests approved by Medicare as appropriate

If you think you may be at risk for diabetes, talk with your doctor to see if you can get Medicare-covered diabetes screening tests.

39 — Section 4: Medicare-covered Diabetes Services

Diabetes self-management training

Diabetes self-management training helps you learn how to successfully manage your diabetes. Your doctor must prescribe this training for Medicare to cover it.

You can get diabetes self-management training if you meet one of these conditions during the last 12 months:

- You were diagnosed with diabetes.
- You changed from taking no diabetes medication to taking diabetes medication, or from oral diabetes medication to insulin.
- You have diabetes and have recently become eligible for Medicare.
- You're at risk for complications from diabetes (see below).

Your doctor may consider you at increased risk if you have any of the following:

- Have problems controlling your blood sugar, have been treated in an emergency room, or have stayed overnight in a hospital because of your diabetes.
- Been diagnosed with eye disease related to diabetes.
- Have a lack of feeling in your feet or some other foot problems like ulcers, deformities, or have had an amputation.
- Been diagnosed with kidney disease related to diabetes.

40 — Section 4: Medicare-covered Diabetes Services

Diabetes self-management training (continued)

Your doctor will usually give you information about where to get diabetes self-management training. You must get this training from a certified diabetes self-management education program as part of a plan of care prepared by your doctor or qualified non-doctor practitioner. These programs are certified by the American Diabetes Association or the Indian Health Service.

How much training is covered?

Classes are taught by health care providers who have special training in diabetes education. You're covered to get a total of 10 hours of initial training within a continuous 12-month period, and 2 hours of follow-up training each year after that. One of the hours can be given on a one-on-one basis. The other 9 hours of training are given in a group class. The initial training must be completed no more than 12 months from the time you start the training.

Important: Your doctor may prescribe 10 hours of individual training if you're blind or deaf, have language limitations, or if no group classes have been available within 2 months of your doctor's order.

To be eligible for 2 more hours of follow-up training each year after the year you received initial training, you must get another written order from your doctor. The 2 hours of follow-up training can be with a group, or you may have one-on-one sessions. Remember, your doctor must prescribe this follow-up training each year for Medicare to cover it.

41 — Section 4: Medicare-covered Diabetes Services

Diabetes self-management training (continued)

Note: If you live in a rural area, you may be able to get diabetes self-management training in a Federally Qualified Health Center (FQHC). FQHCs are special health centers, usually located in rural areas. They can give routine health care at a lower cost. Some types of FQHCs are Community Health Centers, Tribal FQHC Clinics, Certified Rural Health Clinics, Migrant Health Centers, and Health Care for the Homeless Programs. For more information about FQHCs, visit www.cms.gov/center/fqhc.asp, or call 1 800 633 - 4227. TTY users should call 1 877 486 - 2048.

What will I learn in this training?

You'll learn how to successfully manage your diabetes. This includes information on self-care and lifestyle changes. The first session is an individual assessment to help the instructors better understand your needs.

- End of page

42 — Section 4: Medicare-covered Diabetes Services

Diabetes self-management training (continued)

Classroom training will cover topics like these:

- General information about diabetes, the benefits of blood sugar control, and the risks of poor blood sugar control
- Nutrition and how to manage your diet
- Options to manage and improve blood sugar control
- Exercise and why it's important to your health
- How to take your medications properly
- Blood sugar testing and how to use the information to improve your diabetes control
- How to prevent, recognize, and treat acute and chronic complications from your diabetes
- Foot, skin, and dental care
- How diet, exercise, and medication affect blood sugar
- Behavior changes, goal setting, risk reduction, and problem solving
- How to adjust emotionally to having diabetes
- Family involvement and support
- The use of the health care system and community resources

43 — Section 4: Medicare-covered Diabetes Services

Medical nutrition therapy services

In addition to diabetes self-management training, medical nutrition therapy services are also covered for people with diabetes or renal disease. To be eligible for this service, your fasting blood sugar has to meet certain criteria. Also, your doctor must prescribe these services for you.

These services can be given by a registered dietitian or certain nutrition professionals. The services may include these:

- An initial nutrition and lifestyle assessment
- Nutrition counseling (what foods to eat and how to follow an individualized diabetic meal plan)
- How to manage lifestyle factors that affect your diabetes
- Follow-up visits to check on your progress in managing your diet

Remember, your doctor must prescribe medical nutrition therapy services each year for Medicare to pay for the service.

Note: If you live in a rural area, you may be able to get medical nutrition therapy services in a Federally Qualified Health Center (FQHC). For more information about FQHCs, visit www.cms.hhs.gov/center/fqhc.asp or call 1 800 633 - 4227. TTY users should call 1 877 486 - 2048.

44 — Section 4: Medicare-covered Diabetes Services

Foot exams & treatment

If you have diabetes-related nerve damage in either of your feet, Medicare will cover one foot exam every 6 months by a podiatrist or other foot care specialist, unless you've seen a foot care specialist for some other foot problem during the past 6 months. Medicare may cover more frequent visits if you've had a non-traumatic (not because of an injury) amputation of all or part of your foot or your feet have changed in appearance which may indicate you have serious foot disease. Remember, you should be under the care of your primary care physician or diabetes specialist when getting foot care.

Hemoglobin A1c tests

A hemoglobin A1c test is a lab test ordered by your doctor. It measures how well your blood sugar has been controlled over the past 3 months. If you have diabetes, this test is covered if it's ordered by your doctor.

For more information, call 1 800 633 - 4227. TTY users should call 1 877 486 - 2048.

Glaucoma tests

Medicare will pay for you to have your eyes checked for glaucoma once every 12 months if you're at risk. This test must be done or supervised by an eye doctor who is legally allowed to give this service in your state.

45 — Section 4: Medicare-covered Diabetes Services

Flu and pneumococcal shots (vaccinations)

Medicare will pay for you to get a flu shot generally once a flu season in the fall or winter. Medicare will also pay for you to get a pneumococcal shot. One pneumococcal shot may be all you ever need in your lifetime. Ask your doctor.

“Welcome to Medicare” preventive visit

Medicare Part B covers a one-time review of your health, and education and counseling about preventive services. This includes information about certain screenings, shots, and referrals for other care if needed.

Even though the “Welcome to Medicare” preventive visit isn’t a diabetes-related service, it’s a good opportunity to talk with your doctor about the preventive services you may need, like diabetes screening tests.

Note: Medicare will cover this visit if you get it within the first 12 months you have Part B.

Yearly “Wellness” visit

If you’ve had Part B for longer than 12 months, you can get a yearly “wellness” visit to develop or update a personalized prevention plan based on your current health and risk factors. This includes:

(Continued on next page)

46 — Section 4: Medicare-covered Diabetes Services

Yearly “Wellness” visit (continued)

- Review of medical and family history
- A list of current providers and prescriptions
- Height, weight, blood pressure, and other routine measurements
- A screening schedule for appropriate preventive services
- A list of risk factors and treatment options for you

Supplies & services that aren’t covered by Medicare

Original Medicare and Medicare drug plans don’t cover everything. Diabetes supplies and services not covered include:

- Eye exams for glasses (called refraction)
- Orthopedic shoes (shoes for people whose feet are impaired, but intact)
- Cosmetic surgery

Who do I call if I have questions about what Medicare covers?

Call 1 800 633 - 4227. TTY users should call 1 877 486 - 2048.



More information is available to help you make health care choices and decisions that meet your needs. You can order free booklets, and look at information on the Internet. If you don't have a computer, your local library or senior center may be able to help you find information.

For more information about diabetes, visit www.medicare.gov.

Information for people with limited income & resources**Extra Help paying for Medicare prescription drug coverage**

You may qualify for Extra Help (the low-income subsidy) from Medicare to pay prescription drug costs if you have a yearly income below \$16,755 (\$22,695 for a married person living with a spouse and no other dependents) and resources less than \$13,070 (\$26,120 for a married person living with a spouse and no other dependents). These amounts are for 2012. These amounts may change in 2013. If you live in Alaska or Hawaii, or pay more than half of the living expenses of dependent family members, income limits are higher.

48 — Section 5: Helpful Tips & Resources

Information for people with limited income & resources (continued)

To get answers to your questions about extra help paying for your prescription drug costs, call your State Health Insurance Assistance Program (SHIP). To get their phone number, visit www.medicare.gov/contacts, or call 1 800 633 - 4227. TTY users should call 1 877 486 - 2048.

State Pharmacy Assistance Programs (SPAPs)

Several states have State Pharmacy Assistance Programs (SPAPs) that help certain people pay for prescription drugs. Each SPAP makes its own rules about how to provide drug coverage to its members. Depending on your state, the SPAP will have different ways of helping you pay your prescription drug costs. To find out about the SPAP in your state, call 1 800 633 - 4227 or your State Health Insurance Assistance Program (SHIP).

- **End of page**

49 — Section 5: Helpful Tips & Resources

Tips to help control diabetes

You can do many things to control your diabetes. Here are some helpful tips that can help you stay healthy.

Eating right

- Talk with your doctor about what you eat, how much you eat, and when you eat. Your doctor, diabetes educator, or other health care provider can develop a healthy eating plan that's right for you.
- Talk with your doctor about how much you should weigh. Your doctor can talk to you about the different ways to help you reach your weight goal.

Taking medicine

- Take your medicines as directed. Talk with your doctor if you have any problems.

Exercising

- Be active for a total of 30 minutes most days. Talk with your doctor about which activities can help you stay active.

50 — Section 5: Helpful Tips & Resources

Tips to help control diabetes (continued)

Things to check

- Check your blood sugar (glucose) as often as your doctor tells you. You should record this information in a record book. Show your records to your doctor.
- Check your feet for cuts, blisters, sores, swelling, redness, or sore toenails. It's very important to keep your feet healthy to prevent serious foot problems.
- Check your blood pressure, often.
- Have your doctor check your cholesterol.
- If you smoke, you should talk with your doctor about how you can quit.
- Medicare will cover smoking cessation (counseling to stop smoking) if ordered by your doctor.

Using these tips can help you manage your diabetes. You should talk with your doctor, diabetes educator, or other health care provider about your treatment, the tests you should get, and what you can do to help control your diabetes. They're there to help you. You should also talk with your doctor about your treatment options. You and your doctor can decide what's best for you. You can also find out more by contacting the organizations on pages 52 – 53.

51 — Section 5: Helpful Tips & Resources

Tips to help control diabetes (continued)

More information is available to help you make health care choices and decisions that meet your needs. You can order free booklets, and look at information on the Internet. If you don't have a computer, your local library or senior center may be able to help you find information.

- End of page

52 — Section 5: Helpful Tips & Resources

Phone numbers & websites

For more information about diabetes, visit www.medicare.gov, or contact the organizations listed below:

Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS)

www.cdc.gov/diabetes

1 800 232 - 4636

(Inquiries and Publications)

CDC Division of Diabetes Translation

1600 Clifton Road

Atlanta, Georgia 30333

Food and Drug Administration (FDA), DHHS

www.fda.gov/diabetes

Healthfinder

www.healthfinder.gov

Indian Health Service

www.ihs.gov/MedicalPrograms/Diabetes

1 505 248 - 4182

Division of Diabetes Treatment & Prevention

5300 Homestead Road, NE

Albuquerque, New Mexico 87110

53 — Section 5: Helpful Tips & Resources

Phone numbers & websites (continued)

National Diabetes Education Program (NDEP)

www.ndep.nih.gov

1 888 693 - 6337

National Diabetes Education Program

One Diabetes Way

Bethesda, Maryland 20814 - 9692

National Institute of Diabetes & Digestive & Kidney Diseases (NIDDK) of the National Institutes of Health (NIH), DHHS

www.niddk.nih.gov

www.niddk.nih.gov/health/diabetes/ndic.htm
(Clearinghouse)

1 800 860 - 8747 (Clearinghouse)

National Diabetes Information Clearinghouse

1 Information Way

Bethesda, Maryland 20892 - 3560

54 — Section 5: Helpful Tips & Resources

NOTES

[illegible]

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244 - 1850

Official Business
Penalty for Private Use, \$300

CMS Publication No.11022 - LE
Revised August 2012

Medicare's Coverage of Diabetes Supplies & Services

- www.medicare.gov
- 1 800 633 - 4227
- TTY: 1 877 486 - 2048

¿Necesita usted una copia en español? Llame GRATIS al
1 800 633 - 4227.

